

PATENT COOPERATION TREATY

BAKER BOTTS L.L.P.

From the
INTERNATIONAL PRELIMINARY EXAMINING AUTHORITY

00 NOV 20 AM 11:59

PCT

TO

To:
LISA B. KOLE
BAKER BOTTS LLP
30 ROCKEFELLER PLAZA
NEW YORK, NY 10112 0228

NOTIFICATION OF RECEIPT
OF DEMAND BY COMPETENT INTERNATIONAL
PRELIMINARY EXAMINING AUTHORITY

(PCT Rules 59.3(e) and 61.1(b), first sentence
and Administrative Instructions, Section 601(a))

Date of mailing
(day/month/year)

14 NOV 2000

Applicant's or agent's file reference

32367-PCT

IMPORTANT NOTIFICATION

International application No.

PCT/US00/07350

International filing date (day/month/year)

17 MAR 00

Priority date (day/month/year)

18 MAR 99

Applicant

PHYLOGENY, INC.

1. The applicant is hereby notified that this International Preliminary Examining Authority considers the following date as the date of receipt of the demand for international preliminary examination of the international application:

21 SEP 2000

2. That date of receipt is:



the actual date of receipt of the demand by this Authority (Rule 61.1(b)).



the actual date of receipt of the demand on behalf of this Authority (Rule 59.3(e)).



the date on which this Authority has, in response to the invitation to correct defects in the demand (Form PCT/IPEA/404), received the required corrections.

3. ☐

ATTENTION: That date of receipt is **AFTER** the expiration of 19 months from the priority date. Consequently, the election(s) made in the demand does (do) not have the effect of postponing the entry into the national phase until 30 months from the priority date (or later in some Offices) (Article 39(1)). Therefore, the acts for entry into the national phase must be performed within 20 months from the priority date (or later in some Offices) (Article 22). For details, see the *PCT Applicant's Guide*, Volume II.



(If applicable) This notification confirms the information given by telephone, facsimile transmission or in person on:

4. Only where paragraph 3 applies, a copy of this notification has been sent to the International Bureau.

Name and mailing address of the IPEA/
Assistant Commissioner for Patent
Box PCT
Washington, D.C. 20231 Attn:RO/US
Facsimile No. 703-305-3230

Authorized officer

Misty Walker

Telephone No. 703-305-3682

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line

IPEA/ US

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States (except where otherwise indicated).

For International Preliminary Examining Authority use only

Identification of IPEA	Date of receipt of DEMAND
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Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION		Applicant's or agent's file reference 32367-PCT	
International application No. PCT/US00/07350	International filing date (day/month/year) 17 March 2000 (17.03.00)	(Earliest) Priority date (day/month/year) 18 March 1999 (18.03.99)	

Title of invention
SCREENING METHODS FOR COMPOUNDS USEFUL IN THE REGULATION OF CELL PROLIFERATION

Box No. II APPLICANT(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) PHYLOGENY, INC. 4511 Loos Circle East Columbus, OH 43214 US	Telephone No.:
	Facsimile No.:
	Teleprinter No.:

State (that is, country) of nationality: US	State (that is, country) of residence: US
--	--

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

VOLLOCH, VLADIMIR Z.
358 Tappan Street
Brookline, MA 02445
US

State (that is, country) of nationality: US	State (that is, country) of residence: US
--	--

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

SHERMAN, MICHAEL
581 Saw Mill Brook Parkway
Newton, MA 02459
US

State (that is, country) of nationality: US	State (that is, country) of residence: US
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☐ Further applicants are indicated on a continuation sheet.

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is ☒ agent ☐ common representative
 and ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.
☐ is hereby appointed and any earlier appointment of (an) agent(s) /common representative is hereby revoked.
☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: *(Family name followed by given name; for a legal entity, full official
The address must include postal code and name of country.)*

KOLE, LISA and
 STEPHENS, CARMELLA L.
 Baker Botts LLP
 30 Rockefeller Plaza
 New York, NY 10112-0228
 US

Telephone No.:
 (212) 705-5000

Facsimile No.:
 (212) 705-5020

Teleprinter No.:

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION**Statement concerning amendments:***

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ the international application as originally filed.

the description ☐ as originally filed
☐ as amended under Article 34

the claims ☐ as originally filed
☐ as amended under Article 19 (together with any accompanying statement)
☐ as amended under Article 34

the drawings ☐ as originally filed
☐ as amended under Article 34

2. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.

3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). *(This check-box may be marked only where the time limit under Article 19 has not yet expired.)*

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: English

- ☒ which is the language in which the international application was filed.
☐ which is the language of a translation furnished for the purposes of international search.
☐ which is the language of publication of the international application.
☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The applicant hereby elects all eligible States *(that is, all States which have been designated and which are bound by Chapter II of the PCT)*

excluding the following States which the applicant wishes not to elect:

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- | | | |
|---|---|--------|
| 1. translation of international application | : | sheets |
| 2. amendments under Article 34 | : | sheets |
| 3. copy (or where required, translation) of amendments under Article 19 | : | sheets |
| 4. copy (or, where required, translation) of statement under Article 19 | : | sheets |
| 5. letter | : | sheets |
| 6. other (<i>specify</i>) | : | sheets |

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received not received

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

- | | |
|--|---|
| 1. <input checked="" type="checkbox"/> fee calculation sheet | 4. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input type="checkbox"/> separate signed power of attorney | 5. <input type="checkbox"/> nucleotide and or amino acid sequence listing in computer readable form |
| 3. <input type="checkbox"/> copy of general power of attorney; reference number, if any: | 6. <input checked="" type="checkbox"/> other (<i>specify</i>): Transmittal Letter |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).

Carmella L. Stephens
Carmella L. Stephens (Agent)

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1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. ☐ The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.

☐ The applicant has been informed accordingly.

4. ☐ The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.

5. ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

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Demand received from IPEA on:

PCT

FEE CALCULATION SHEET

Annex to the Demand for international preliminary examination

International application No. PCT/US00/07350	For International Preliminary Examining Authority use only								
Applicant's or agent's file reference 32367-PCT	Date stamp of the IPEA								
Applicant PHYLOGENY, INC.									
Calculation of prescribed fees 1. Preliminary examination fee 490.00 P 2. Handling fee <i>(Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.)</i> 153.00 H 3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box 643.00 <div style="text-align: right; border: 1px solid black; width: 150px; margin: 0 auto; padding: 2px 10px;">TOTAL</div>									
Mode of Payment <table style="width: 100%;"> <tr> <td><input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)</td> <td><input type="checkbox"/> cash</td> </tr> <tr> <td><input checked="" type="checkbox"/> cheque</td> <td><input type="checkbox"/> revenue stamps</td> </tr> <tr> <td><input type="checkbox"/> postal money order</td> <td><input type="checkbox"/> coupons</td> </tr> <tr> <td><input type="checkbox"/> bank draft</td> <td><input type="checkbox"/> other (specify):</td> </tr> </table>		<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash	<input checked="" type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps	<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons	<input type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):
<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash								
<input checked="" type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps								
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons								
<input type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):								
Deposit Account Authorization <i>(this mode of payment may not be available at all IPEAs)</i> The IPEA/ <u>US</u> <input type="checkbox"/> is hereby authorized to charge the total fees indicated above to my deposit account. <input checked="" type="checkbox"/> <i>(this check-box may be marked only if the conditions for deposit accounts of the IPEA so permit)</i> is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account.									
02-4377 Deposit Account Number	21 September 2000 Date (day/month/year)								
<div style="text-align: right;"> Signature </div>									